

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-SB-06 (For use with Form PTO/SB-06)				Application Number <b>09/899,075</b>		Filing Date <b>06 July, 2001</b>		<input type="checkbox"/> To be Mailed				
				Applicant(s) <b>HOSHINO, SATOSHI</b>				Page 1 of 1				
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 05/22/2007		AFTER SEC. AMENDMENT		*		*		*	
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Total Claims			36									

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